

## Executive Summary

### INTRODUCTION

*A Shared Vision for Massachusetts Youth and Young Adults, 2003* provides a broad, descriptive view of our knowledge about the well being of Massachusetts youth from a variety of different data sources, in the context of current expertise about youth development. *A Shared Vision* is a collaborative effort among three main partners: the Governor's Adolescent Health Council, the Executive Office of Health and Human Services - Office of Youth Development, and the Department of Public Health. Many other key contributors offered guidance, assistance with data, and input into the report.

This report uses the **Shared Vision for Massachusetts Youth and Young Adults** framework, which was jointly developed by representatives from the major state agencies concerned with the youth of Massachusetts. The Youth Development Advisory Council, the Governor's Adolescent Health Council and the Department of Public Health have formally endorsed the framework and vision. The Shared Vision framework offers a broad, affirmative vision for the Commonwealth's youth and includes five strategic goals that are fundamental to achieving this vision.

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#### *A SHARED VISION*

**FOR MASSACHUSETTS YOUTH AND YOUNG ADULTS:**  
**All Massachusetts youth grow up to be healthy, caring and economically self-sufficient adults.**

#### **STRATEGIC GOALS**

- Goal 1:** All youth have access to resources that promote optimal physical and mental health.  
**Goal 2:** All youth have nurturing relationships with adults and positive relationships with peers.  
**Goal 3:** All youth have access to safe places for living, learning and working.  
**Goal 4:** All youth have access to educational and economic opportunity.  
**Goal 5:** All youth have access to structured activities and opportunity for community service and civic participation.
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"Youth development" is an approach to understanding and supporting youth and young adults as they mature that incorporates a positive, multi-dimensional view of their lives. There are six main aspects to the youth development approach:

- It is youth centered, focusing on young people as resources;
- It encourages meaningful youth participation in arenas that impact their development;
- It is asset-based, versus deficit-focused;
- It focuses on positive youth outcomes;
- It emphasizes and values caring relationships between youth and adults; and
- It involves the whole community.

Massachusetts youth and young adults represent the future of our Commonwealth. Today's youth and young adults are tomorrow's parents, leaders, and citizens. For Massachusetts to reach its

highest economic potential we must invest in healthy development of our youth and young adults. Focusing on achieving these five goals will lead to productive, well educated, healthy adults able to sustain healthier communities.

*A Shared Vision* defines *youth* as adolescents ages 10-18, and *young adults* as individuals ages 19-24. Throughout the report, the term 'youth' is also sometimes used to indicate youth and young adults as a whole group, such as in the term 'youth development'.

Although this report focuses on youth and young adults, the importance of looking at the continuum of years from birth through the young adult years must be noted. Increasing attention is being paid to the years from birth to five as a critical period in a child's development, and a critical factor in promoting the healthy development of youth and young adults.

Major data sources used in this report include administrative data from multiple state agencies, the Massachusetts Institute for Social and Economic Research (MISER); MassCHIP; the Annie E. Casey Foundation; the Behavioral Risk Factor Surveillance System (BRFSS); the U.S. Census; and, in particular, the 2001 National Youth Risk Behavior Surveillance System (YRBSS) and Massachusetts Youth Risk Behavior Survey (MYRBS). More statewide and local data need to be collected and analyzed over time to highlight the many assets of youth, young adults, families, and communities and to provide policy makers the information to target healthy promotion, prevention and intervention programs in the Commonwealth.

## **OVERVIEW: WHO ARE THE YOUTH AND YOUNG ADULTS IN MASSACHUSETTS?**

Massachusetts is one of the best states in the nation in which to raise, and to be, a child or youth. In several key indicators, children and youth in Massachusetts are healthier, more financially secure and better educated than are their peers in many states. However, not all children and youth have benefited equally. Disparities among communities, and particularly among racial and ethnic groups, point to the need for intensive initiatives to support adolescents who are at-risk on key indicators of healthy development.

In 2000, there were more than 1.2 million youth and young adults ages 10-24 in Massachusetts, comprising almost 20% of the Massachusetts population. There has been a dramatic increase in the number of youth and young adults since 1990, a demographic 'bulge' that will continue throughout this current decade. Across the Commonwealth, the proportion of youth varies substantially by community, ranging from very low concentrations of younger adolescents (e.g., Provincetown, with just 4% between ages 10-17) to substantial proportions of young adults in college communities such as Amherst (50% between 18-24) and Cambridge (22%).

The diversity of the youth population continues to grow, along with its numbers.

- Thirteen percent of elementary and secondary school students speak a primary language other than English.
- In various national estimates, 15-17% of children and youth were identified as having special health care needs.
- Approximately 12.6 percent of non-institutionalized Massachusetts adults between 18-24 year-old have a disability.
- Massachusetts ranks 8th lowest in the child poverty rate, with 14% of children living in the Commonwealth living below the poverty line.

## **GOAL 1: ALL YOUTH HAVE ACCESS TO RESOURCES THAT PROMOTE OPTIMAL PHYSICAL AND MENTAL HEALTH**

### **A SNAPSHOT OF SUCCESSES FROM HEALTH PROMOTION, PREVENTION AND INTERVENTION PROGRAMS:**

**Decreased tobacco use:** Smoking cigarettes and using other tobacco products are habits more likely to become chronic addictions when acquired during the teenage years. Smoking is known to be an entry drug, predicting other drug and alcohol use by youth and young adults, and is associated with a variety of serious health problems later in life including heart disease and cancer. The rate of tobacco use among high school students in Massachusetts has declined significantly in the past five years to 26%, lower than the national average. Lifetime cigarette use, smoking before age 13, recent smoking, daily smoking and smoking on school property have also declined since 1995. The funding of anti-smoking media campaigns and school and community based smoking prevention and cessation services, in addition to enforcement of local regulations that limit youth access to tobacco products, have all contributed to this success.

**Successful pregnancy prevention:** In 2000, the teen birth rate in Massachusetts was 25.8 per 1000 women ages 15-19, the lowest in 30 years and the third lowest teen birth rate in the nation. Despite this low birth rate, Massachusetts has three communities with teen birth rates higher than the national average of 48.5: Lawrence (97.6 per 1000), Holyoke (87.9 per 1000) and Chelsea (80.8 per 1000).

**Lower youth death rate:** Death is a rare event among youth ages 10-14 but, while still infrequent, increases substantially among 15-19 and 20-24 year olds. Massachusetts youth have significantly lower death rates in each of these age groups than do youth nationally.

**Broader health insurance coverage:** Extension of health insurance coverage to children and youth has meant that more of our children and youth have access to primary and preventive care services to keep them healthy. Through the state health plan providing coverage to youth through age 18 years, the rate of uninsured children and youth has decreased by 52%, from 6.3% in 1998 to 3% in 2000. 68% of the remaining uninsured children and youth are between age 6 and 18. Youth from families at 133-150% of the poverty level are least likely to be insured. Uninsured youth are more likely to use emergency rooms or delay or defer chronic illness care, and are less likely to receive routine care and prevention services. In addition, 15% of young adults 19-24 are not covered by insurance (20% of males and 10% of females). Southeastern Massachusetts and Worcester have particularly high levels of youth without insurance.

**Higher immunization rates:** Massachusetts has an outstanding record of childhood immunizations with 85% of two-year-olds immunized, compared to the national average of 76%. Among students entering the seventh grade, 99% have completed their MMR series but only 83% have completed their Hepatitis B series. Illness and disability caused by vaccine-preventable diseases, such as hepatitis B, measles, and varicella, continue among youth. With a mobile population, hard-to-reach and at-risk youth in urban and rural areas, and youth that may have recently immigrated, constant vigilance must be maintained to ensure that youth have completed their primary series of immunizations.

## **GOAL 1: ALL YOUTH HAVE ACCESS TO RESOURCES THAT PROMOTE OPTIMAL PHYSICAL AND MENTAL HEALTH**

### **A SNAPSHOT OF CHALLENGES FACED BY MASSACHUSETTS YOUTH AND YOUNG ADULTS:**

**Inadequate physical activity:** Regular physical activity is important for overall good health and chronic disease prevention. Participation in regular aerobic exercise and sports teams has the additional benefit of being associated with lower rates of cigarette smoking, marijuana use, recent sexual activity, and serious depression. However, less than two-thirds of high schools students participated in sufficient vigorous physical activity in 2001. Since 1993 Massachusetts youth have had a decrease in both team sports participation and enrollment in physical education classes. In 2001, only 18% of high school students attended a physical education class daily, compared to 32% of U.S. youth. Girls are less likely to be physically active than are boys.

**Increasing overweight and obesity:** Being overweight or obese is a significant risk factor for the development of diabetes, heart disease, and other chronic diseases. Unhealthy dietary patterns and inadequate physical activity both contribute to overweight and obesity. Adolescence is a crucial time when youth can develop eating habits and behaviors that set the course for their health and well being into adulthood. Ten percent of Massachusetts high school students were overweight in 2001, and an additional 15% were at risk for becoming overweight, based on their body mass index.

**Alcohol use:** Alcohol is the most common drug used by youth and can pose a serious threat to health and safety. Underage drinking is a major contributing factor in approximately half of all motor vehicle crashes, homicides, and suicides - the three leading causes of death and disability among youth.

In 2001, 81% of high school students had ever consumed alcohol and 53% had had an alcoholic drink within the past month. Binge drinking - the consumption of five or more alcoholic drinks within a couple of hours - continues to be a major challenge. In 2001, one-third of high school students engaged in binge drinking, and seven percent engaged in frequent binge drinking (six or more binge drinking episodes within one month). Binge drinking rates for Massachusetts young adults ages 18-24 in 1999 were similar to that of high school students, with 34% reporting binge drinking in the prior month.

**Other substance use:** The abuse of illegal drugs in adolescence can have both short-term and long-term health consequences. High school students who use illegal drugs are at greater risk for physical injuries, suicide attempts, unsafe sexual activity, and school failure. Heavy marijuana use can impair cognitive functioning, coordination, and learning. In 2001, 31% of Massachusetts high school students had used marijuana in the past thirty days compared to 24% nationally. IN 1998, 28% of young adults had used marijuana in the previous thirty days. Half of all high school students have used marijuana at least once in their lifetimes.

**Responsible sexual behavior:** Initiation of sexual activity too early can have life-long damaging consequences for youth and young adults, including teen pregnancy, sexually transmitted disease, and related future health consequences. Among Massachusetts youth in 2001, 81% were either currently abstinent (within past three months) or used a condom if they were currently sexually active. However, 44% of high school students had had sexual intercourse and one third were

currently sexually active. Within this latter group, 42% did not use condoms at last sexual intercourse.

Sexually active youth who do not use condoms are at risk for sexually transmitted diseases (STDs). In Massachusetts, chlamydia and gonorrhea disproportionately affect youth ages 15 to 19. Reported infection rates for both chlamydia and gonorrhea have increased steadily in this age group since 1997, although this may be due in part to increased availability of screening.

**Inadequate prenatal care:** In 2000, Massachusetts pregnant teenagers were less likely than were women over 20 to receive either adequate prenatal care (66% vs. 85%) or prenatal care during the first trimester (65% vs. 86%). They were also more likely to have babies with low birth weights (9% vs. 7%).

**Suicide:** In 2001, 10% of Massachusetts high school students had made a suicide attempt in the past year, similar to the national average. Gay and lesbian youth and young adults are at elevated risk for suicide - 31% attempted suicide in the last year compared to 8% of non-gay and lesbian youth. While suicidal thinking among high school students has declined since 1993, in 2001 29% of high school students reported that in the past year there had been a period of two weeks or more in which they felt so sad and hopeless that they had stopped doing some usual activities.

## **GOAL 2: ALL YOUTH HAVE NURTURING RELATIONSHIPS WITH ADULTS AND POSITIVE PEERS**

### **A SNAPSHOT OF SUCCESSES FROM HEALTH PROMOTION, PREVENTION AND INTERVENTION PROGRAMS:**

**Extensive community involvement:** Youth are extensively involved in a number of community activities such as Boy Scouts, Girl Scouts, Boys and Girls Clubs, faith-based organizations, and many others. The Commonwealth's support of a variety of youth development and peer leadership programs have provided a generation of young people whose resilience and future options have been aided by their health promotion, community service and positive recreational opportunities. As an example, the Bureau of Substance Abuse Services of the Massachusetts Department of Public Health funded 40 community based Youth Programs in communities at risk throughout the state from July of 2000 through June of 2001. Those programs, using community health workers and peer leaders, reached 40,628 at risk youth through more than 16,000 activities including information dissemination, education, interactive youth outreach, ongoing groups, workshops, alternative activities and events, mentoring, screening, and crisis intervention

## **GOAL 2: ALL YOUTH HAVE NURTURING RELATIONSHIPS WITH ADULTS AND POSITIVE PEERS**

### **A SNAPSHOT OF CHALLENGES FACED BY MASSACHUSETTS YOUTH AND YOUNG ADULTS:**

**Dating violence:** In 2001, 16% of female and 6% of male high school students were physically or sexually hurt by a date.

**Youth with disabilities:** There is a lack of data characterizing the successes and challenges for youth with disabilities as a group in Massachusetts. In 2000, young adults with disabilities were significantly more likely to experience depression, anxiety or poor mental health than their peers with no disabilities.

### **GOAL 3: ALL YOUTH HAVE SAFE PLACES FOR LIVING, LEARNING AND WORKING**

#### **A SNAPSHOT OF SUCCESSES FROM HEALTH PROMOTION, PREVENTION AND INTERVENTION PROGRAMS:**

**Safe schools:** Most Massachusetts youth attend safe schools and live in comparatively safe communities but there is wide variability. When Massachusetts youth were surveyed about their perceived safety at school, the percent of students reporting feeling safe at school on an average day was 88% for 8th graders and 87% for tenth graders. However, gay, lesbian and bisexual (GLB) students experience a less safe environment than their non-gay peers; 19% of GLB youth reported being threatened or injured with a weapon at school in the past year compared to 8% of non-GLB youth.

### **GOAL 3: ALL YOUTH HAVE SAFE PLACES FOR LIVING, LEARNING AND WORKING**

#### **A SNAPSHOT OF CHALLENGES FACED BY MASSACHUSETTS YOUTH AND YOUNG ADULTS**

**Insufficient use of seatbelts:** Motor vehicle crashes are the leading cause of death and a major cause of injury for youth and young adults in Massachusetts. Using safety belts reduces the incidence of death and injury when a motor vehicle crash occurs. Only 79% of Massachusetts youth report regularly wearing a seat belt, a significant improvement from 59% in 1993, but still significantly lower than the national average of 86%.

**Homelessness:** Homelessness is increasing among children, youth, and young adults. The fastest growing population in emergency shelters is young adults ages 18-24. In 2001, more than 3100 young adults sought emergency shelter, a 32% increase from 2000.

### **GOAL 4: ALL YOUTH HAVE ACCESS TO EDUCATIONAL AND ECONOMIC OPPORTUNITY**

#### **A SNAPSHOT OF SUCCESSES FROM HEALTH PROMOTION, PREVENTION AND INTERVENTION PROGRAMS:**

**Increased educational opportunities:** For the class of 2000, 73% of Massachusetts high school students planned to continue their education at two and four year colleges. The figure has shown steady growth over the past twenty years from 51% in 1980. Continued public support of community and state colleges and universities, promotion of secondary school excellence and higher education attendance among youth and young adults of color, youth and young adults who lack college educated parents, and vulnerable youth in state custody/protection will be essential to maintain this level. All of these youth and young adults are needed to provide the workforce needed to fuel the state's economic growth and leadership in the 21st century.

### **GOAL 4: ALL YOUTH HAVE ACCESS TO EDUCATIONAL AND ECONOMIC OPPORTUNITY**

#### **A SNAPSHOT OF CHALLENGES FACED BY MASSACHUSETTS YOUTH AND YOUNG ADULTS**

The annual dropout rate varies widely among individual schools across the Commonwealth. Fifty-five percent of schools had a dropout rate of 2.5% or less in 2000-2001, while approximately 7% of schools had a dropout rate higher than 10%. Further, dropout rates vary widely by

race/ethnicity. In 2000-01, Hispanic students had the highest annual dropout rate at 8.0%, followed by 6.1% for African-American students. Asian students had a 3.9% dropout rate; Native American students had a rate of 3.2%; and white students, a rate of 2.6%.

**GOAL 5: ALL YOUTH HAVE ACCESS TO STRUCTURED ACTIVITIES AND OPPORTUNITY FOR COMMUNITY SERVICE AND CIVIC PARTICIPATION.**

**A SNAPSHOT OF SUCCESSES FROM HEALTH PROMOTION, PREVENTION AND INTERVENTION PROGRAMS:**

Structured after-school, before school, weekend, and vacation activities provide young people with the opportunity to use their bodies and minds in positive ways to support one another and their communities. In 2001, about half (49%) of Massachusetts high school students reported having taken part in the previous week in after-school or weekend activities, such as school clubs, music, art or drama lessons, church or other supervised activities.

**A SNAPSHOT OF CHALLENGES FACED BY MASSACHUSETTS YOUTH AND YOUNG ADULTS**

Not all youth are able to participate in structured after-school programs. Further, some communities may have less opportunities for healthy after-school programming than others.

**SUMMARY AND NEXT STEPS**

Massachusetts youth and young adults are doing well on some diverse, key benchmarks of overall health and well being. Yet even within these successes, there continue to be youth who are falling behind - they continue to engage in risky behavior, are not receiving basic health care services, or are not attaining the educational levels of their peers. In other key benchmarks, large numbers of Massachusetts youth continue to face challenges, including engaging in risky behaviors that can have serious health consequences, as well as substantial personal and monetary costs.

Youth and young adults benefit from quality schools, supportive parents and caring adults, community resources, and opportunities to make contributions. Future steps to make a difference in the lives of youth and young adults include:

- Monitoring of data and outcome indicators annually, creating a Massachusetts “report card” of youth and young adults health, to detect trends in the health of Massachusetts youth and young adults. This report should be available at the state and community level to chart our success and identify our challenges.
- Identification of best practices in families, communities, agencies and policies that lead to healthy Massachusetts youth and young adults.
- Collection of new data and indicators that will better elucidate assets of youth and young adults, families and communities such as numbers of youth and young adults with caring schools, high academic standards, and low drop-out rates.
- Commitment to collection of data on youth and young adults with disabilities.
- Health promotion, prevention and intervention programs that involve youth and young adults in planning and implementation, and that build upon successes in Massachusetts and other states.

- Coordination of services for youth and young adults with access to physical and mental health services, good schools, safe and caring communities, employment, and opportunities for community participation and service.
- Commitment to addressing the unmet needs of youth and young adults with disabilities.
- Commitment to eliminating health disparities in Massachusetts youth and young adults and ensure that the gains and progress made in the lives of our most vulnerable youth and young adults are reinforced.
- Focus on a youth development model, viewing youth as resources to be developed and not problems to be solved.
- Commitment to investing in youth and young adults as the next generation of Massachusetts citizens.
- As attention is paid to youth indicators and outcomes, it is also important to consider consistent indicators that will detect trends from birth to five through youth and the young adult years. Again, the earliest years serve as a foundation for the promotion of healthy youth in Massachusetts. It is only through a complete picture of child and youth outcomes that Massachusetts will be able to best support its children, youth and families.
- Promotion of services and supports around the continuum of care for birth through the young adult years.
- Case management that is client-centered to assure the best possible services to youth and young adults.
- Use of technology to provide coordinated services, one-stop shopping and data by community.